

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Complete If Known

Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

Application Number	New Reissue Application
Filing Date	August 25, 2000
First Named Inventor	Jun KOYAMA
Examiner Name	
Group Art Unit	

TOTAL AMOUNT OF PAYMENT	(\$) 2,016.00
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Attorney Docket Number 0756-2204

METHOD OF PAYMENT (check one)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity

Small Entity

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:
Deposit Account No. 19-2380
Deposit Account Name: NIXON PEABODY LLP

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance

2. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE					
Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	690	201	345	Utility filing fee	[]
106	310	206	155	Design filing fee	[]
107	480	207	240	Plant filing fee	[]
108	690	208	345	Reissue filing fee	[690.00]
114	150	214	75	Provisional filing fee	[]
SUBTOTAL (1)					[690.00]

2. EXTRA CLAIM FEES

Total Claims	48 - 20**=	26 X 18 =	468.00
Independent Claims	<u>11 - 3**=</u>	<u>11 X 78 =</u>	<u>858.00</u>
Multiple Dependent Claims		<u>-0- =</u>	<u>-0-</u>

*or number previously paid, if greater, For Reissues, see below

Large Entity Fee	Small Entity Fee	Fee	Fee	Fee Description
Code (\$)	Code (\$)			
103 18	203 9			Claims in excess of 20
102 78	202 39			Independent claims in excess of 3
104 260	204 130			Multiple dependent claim
109 78	209 39			**Reissue independent claims over original patent
110 18	210 9			**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

[1326.00]

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge-late filing fee or oath	
127	50	227	25	Surcharge-late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Ext for reply within first month	
116	380	216	190	Ext for reply within second mth	
117	870	217	435	Ext for reply within third mth	
118	1,360	218	680	Ext for reply within fourth mth	
128	1,850	228	925	Ext for reply within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing brief in support of appeal	
121	260	221	130	Request for Oral Hearing	
138	1,510	138	1,510	Petition to institute public use proceeding	
140	110	240	55	Petition to revive-unavoidable	
141	1,210	241	605	Petition to revive-unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of IDS	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	760	246	380	Filing a submission after final rejection (37 CFR 1.129(a))	
149	760	249	380	For each additional invention to be examined (37 CFR 1.129(b))	
				Other _____	
				Other _____	
				*Reduced by Basic Filing Fee Paid	
				SUBTOTAL (3)	
					\$ -0-

SUBMITTED BY

Typed or Printed Name: Jeffrey L. Costellia

Signature

Date _____

8/25/07

Complete (if applicable)

Req. Number	35,483
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Deposit Account
User ID

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box -

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PTO/SB/50 (12/97)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	0756-2204
First Named Inventor	Jun KOYAMA
Original Patent Number	5,798,746
Original Patent Issue Date (Month/Day/Year)	August 25, 1998
Express Mail Label No.	
Total Pages	22

APPLICATION FOR REISSUE OF:
(check applicable box)

☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS

- ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☐ Specification and Claims (amended, if appropriate)
- ☐ Drawing(s) (proposed amendments, if appropriate)
- ☐ Reissue Oath/Declaration (original or copy)
(37 CFR 1.175) (PTO/SB/51 or 52)
- Original U.S. Patent
☐ Offer to Surrender Original Patent (37 CFR 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribboned Original Patent Grant
☐ Affidavit/Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?
☐ Yes ☐ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53 or 54)
☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

- ☐ Transfer drawings from Patent File
- ☐ Foreign Priority Claim (35 USC 119)
(if applicable)
- ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- ☐ Small Entity Statement(s) ☐ Statement filed in prior application, Status still proper and desired
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- ☐ Other:

15. CORRESPONDENCE ADDRESS


☐ Customer Number or Bar Code Label

or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name: Jeffrey L. Costellia
Firm: NIXON PEABODY LLP
Address: 8180 Greensboro Drive, Suite 800
City: McLean State: Virginia Zip Code: 22102
Country: U.S.A. Telephone (703) 790-9110 FAX (703) 883-0370

16. SIGNATURE & DATE

Name (Print/Type)	Jeffrey L. Costellia	Registration No.	35,483
Signature		Date	8/25/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

1c586 U.S. PTO
09/648153



08/25/00

1c760 U.S. PTO
08/25/00

09/648153